

Mar 24 20 11:37a

Sabrina Simpson

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291188¹⁰

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Eric McIntyre
Appointed Time Transportation
Class C Non-Emergency

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER:

2020 - 109 - T

If this is your first time filing an application with the PSC, you will have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Eric McIntyre

Telephone:

864 230 2158

Address:

123 Fourth Day St.
Piedmont, SC 29673

Fax:

Other:

Email:

ericanderic@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED
MAR 26 2020
PSC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 3/20/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Appointed Time Transportation, LLC
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

123 Fourth Day St. Piedmont, SC 29673
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864 230 2158

Phone

Fax

eric and eric@bellsouth.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship☐ Partnership - List names and address of all person having an interest in the business.☐ Corporation - List names and addresses of two principal officers.

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Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:

| | |
|-------------------------------------|------------------|
| Value of Real Estate | 120,000 |
| Value of Motor Vehicles | 6,000 |
| Cash on Hand | 400 |
| Cash in Bank | 25,000 |
| Value of Other Assets and Equipment | 30,000 |
| Total Assets | 182,000 ✓ |

Liabilities:

| | |
|------------------------------|----------------|
| Mortgage/Loan on Real Estate | 90,000 |
| Loans Owed on Motor Vehicles | 0 |
| Business/Other Loans Owed | |
| Other Liabilities or Debts | 10,000 |
| Total Liabilities | 100,000 |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

.85¢ per mile

\$17.00 / hr

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|--|---------------------------------------|--|---|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input checked="" type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input checked="" type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input checked="" type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input checked="" type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input checked="" type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input checked="" type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL CHAIR LIFT |
|-------|--------------|-------------------|--------------|------------------------|
| Honda | 2002 odyssey | 5FNRL18662B013580 | 4300 | |
| | | | | |
| | | | | |
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INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Eric McIntyre

Name of Applicant

123 Fourth Day St. Piedmont, SC 29673

Address of Applicant

Amount of Premium:

Liability Insurance \$ 3365.50

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

| | | |
|-----------------------------------|--------------|-------------|
| Liability Combined Each Occurance | \$ 1,000,000 | <u>Same</u> |
| Medical Payments per Person | \$ 1,000 | <u>Same</u> |

Berkshire Hathaway

Name of Insurance Company

123 Fourth Day St. Piedmont, SC 29673

Home/Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Appointed Time Transportation, LLC
NEMT Insurance Quote
As of March 16, 2020

| <u>Policy Type</u> | <u>Carrier</u> | <u>Premium</u> | <u>Financing Available</u> | <u>Down Payment</u> | <u>Monthly Payment</u> | <u>No. of Payments</u> | <u>Total</u> |
|---|----------------|-------------------|----------------------------|---------------------|------------------------|------------------------|--------------|
| Commercial Auto | | \$ 8,168.00 | Yes | \$ 1,634.00 | \$ 653.44 | 10 | \$ 8,168.40 |
| <u>Commercial Auto Coverages</u> | | | | | | | |
| Limit of Liability | \$ | 1,000,000 | | | | | |
| Uninsured Motorists | | 25000/50000/25000 | | | | | |
| Underinsured Motorists | | 25000/50000/25000 | | | | | |
| Medical Payments | \$ | 1,000 | | | | | |
| Deductible | \$ | 1,000 | | | | | |
| Symbols | | 7 | | | | | |
| Physical Damage | \$ | - | | | | | |
| General Liability | | \$ 3,365.50 | Yes | \$ 1,085.13 | \$ 271.28 | 9 | \$ 3,526.65 |
| <u>General / Professional Liability Coverages</u> | | | | | | | |
| Aggregate Limit | \$ | 3,000,000 | | | | | |
| Each Occurrence Limit | \$ | 1,000,000 | | | | | |
| Products and Completed Operations | \$ | 1,000,000 | | | | | |
| Personal and Advertising Injury | \$ | 1,000,000 | | | | | |
| Fire Legal Liability | \$ | 50,000 | | | | | |
| Sexual Abuse / Molestation | \$ | 1,000,000 | | | | | |
| Retention | \$ | 2,500 | | | | | |

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Exhibit Fit, Willing, and Able (FWA)Eric McIntyre

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Eric McIntyre
Applicant's Signature

OWNER
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

SWORN TO BEFORE ME
This 03 day of March, 2020

Maury Campbell
Notary Public

Commission Expires 6/18/22

Print Application

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Filing ID: 200320-1012109

Filing Date: 03/20/2020

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF
PROCESS, OR (3) ADDRESS OF AGENT
LIMITED LIABILITY COMPANY – DOMESTIC AND FOREIGN**

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of change.

1. The name of the limited liability company is:

Appointed Time Transportation, LLC

2. The limited liability company is (check either "a" or "b", whichever is applicable):



a. A South Carolina limited liability company.



b. A foreign limited liability company authorized to transact business in South Carolina.

3. a. The South Carolina street address of the current designated office for the limited liability company is:
123 Fourth Day St.

(Street Address)

Piedmont, South Carolina 29673

(City, State, Zip Code)

- b. The name of the company's current agent for service of process is:

Eric McIntyre

(Name)

- c. The South Carolina street address of the current registered agent's office is:
716 E. Fairfield Rd, Suite 126

(Street Address)

Greenville, South Carolina 29605

(City, State, Zip Code)

4. Check and complete all boxes (a-c) that apply.



a. The company is changing the address of its designated office.

The new South Carolina address of the designated office of the limited liability company is:
123 Fourth Day St.

(Street Address)

Piedmont, South Carolina 29673

(City, State, Zip Code)

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Appointed Time Transportation, LLC

Name of Limited Liability Company

- ☐ b. The company is changing its agent for service of process.

The name of the company's new agent for service of process is:

(Name)

I hereby consent to the appointment as registered agent.

(Agent's Signature)

- ☐ c. The company is changing the street address of the agent for service of process.

The new South Carolina street address of the registered agent's office is:

(Street Address)

(City, State, Zip Code)

5. Unless otherwise specified, these articles are effective when endorsed for filing by the Secretary of State. Specify the time and date of any delayed effective date _____
(Date)

Date: 03/20/2020

Signed as Authorized Signature: Eric McIntyre

(Signature)

Eric McIntyre

(Print Name)

Capacity/Position of Person Signing (You must check one box.)

☒ Manager ☐ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

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File ID: 180417-1401544
Filing Date: 04/17/2018

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Appointed Time Transportation, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
716 E. Fairfield Rd, Suite 126

(Street Address)

Greenville, SC 29605

(City, State, Zip Code)

3. The initial agent for service of process is

Eric McIntyre

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

716 E. Fairfield Rd, Suite 126

(Street Address)

Greenville

(City)

South Carolina 29605

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Eric McIntyre

(Name)

716 E. Fairfield Rd, Suite 126

(Street Address)

Greenville, SC 29605

(City, State, Zip Code)

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Appointed Time Transportation, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

Eric McIntyre

(Name)

716 E. Fairfield Rd, Suite 126

(Street Address)

Greenville, SC 29605

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

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Appointed Time Transportation, LLC

Name of Limited Liability Company

9. Any other provision not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Eric McIntyre
 Signature of Organizer

Date: 4/17/18

 Signature of Organizer

Date: _____

Filing Checklist

- Two completed copies of this form must be submitted for filing.
- \$110.00 made payable to the South Carolina Secretary of State
- Self-addressed, stamped return envelope
- Make sure the organizer has signed the form. Only one organizer is required, but you may have more than one. If you have more than one organizer, every organizer listed on the form must sign. The organizer is the individual who completes the documents and delivers them for filing to the Secretary of State. The organizer may be an owner of the entity, but he or she does not have to be. The organizer may simply be an individual who assists in the formation of the LLC without having any involvement with subsequent ownership or operational functions.
- Return all documents to:

South Carolina Secretary of State's Office
 Attn: Corporate Filings
 1205 Pendleton Street, Suite 525
 Columbia, SC 29201

SPECIAL NOTE

Registering your limited liability company name does not, in and of itself, provide an exclusive right to use this name on or in connection with any product or service. Use of a name as a trademark or service mark requires further clearance and registration and may be affected by prior use of the mark. For more information contact the Trademarks Division of the Secretary of State's Office.

South Carolina Secretary of State

Business Entities Online

File, Search, and Retrieve Documents Electronically

Appointed Time Transportation, LLC

Corporate Information

Entity Type: Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated State:** South Carolina

Important Dates

Effective Date: 04/17/2018**Expiration Date:** N/A**Term End Date:** N/A**Dissolved Date:** N/A

Registered Agent

Agent: Eric McIntyre**Address:** 716 E. Fairfield Rd, Suite 126
Greenville, South Carolina 29605

Official Documents On File

| Filing Type | Filing Date |
|---|-------------|
| Notice of Change of Designated Office, Agent or Address of Registered Agent | 03/20/2020 |
| Articles of Organization | 04/17/2018 |

For filing questions please contact us at 803-734-2158

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